

# The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

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**Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

**Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

**Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

**Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

**Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

**Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit [www.nalboh.org](http://www.nalboh.org).

*Approved by the NALBOH Board of Directors – November 2012*



National Association of Local Boards of Health

[www.nalboh.org](http://www.nalboh.org)



## **Chapter 70.05 RCW**

# **Local health departments, boards, officers — regulations**

### Chapter Listing

### **RCW Sections**

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- 70.05.051 Local health officer -- Qualifications.
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- 70.05.130 Expenses of state, health district, or county in enforcing health laws and rules -- Payment by county.
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- 70.05.160 Moratorium on water, sewer hookups, or septic systems -- Public hearing -- Limitation on length.
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**Notes:**

Health districts: Chapter 70.46 RCW.

State board of health: Chapter 43.20 RCW.

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**70.05.010**

**Definitions.**

For the purposes of chapters 70.05 and 70.46 RCW and unless the context thereof clearly indicates to the contrary:

(1) "Local health departments" means the county or district which provides public health services to persons within the area.

(2) "Local health officer" means the legally qualified physician who has been appointed as the health officer for the county or district public health department.

(3) "Local board of health" means the county or district board of health.

(4) "Health district" means all the territory consisting of one or more counties organized pursuant to the provisions of chapters 70.05 and 70.46 RCW.

(5) "Department" means the department of health.

[1993 c 492 § 234; 1967 ex.s. c 51 § 1.]

**Notes:**

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

**Severability -- 1967 ex.s. c 51:** "If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected." [1967 ex.s. c 51 § 24.]

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**70.05.030**

**Counties — Local health board — Jurisdiction.**

In counties without a home rule charter, the board of county commissioners shall constitute the local board of health, unless the county is part of a health district pursuant to chapter 70.46 RCW. The jurisdiction of the local board of health shall be coextensive with the boundaries of said county. The board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of the board of health to include elected officials from cities and towns and persons other than elected officials as members so long as persons other than elected officials do not constitute a majority. An ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.

[1995 c 43 § 6; 1993 c 492 § 235; 1967 ex.s. c 51 § 3.]

**Notes:**

**Effective dates -- Contingent effective dates -- 1995 c 43:** "(1) Sections 15 and 16 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect June 30, 1995.

(2) Sections 1 through 5, 12, and 13 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect July 1, 1995.

(3) Section 9 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect immediately [April 17, 1995].

(4) \*Sections 6 through 8, 10, and 11 of this act take effect January 1, 1996, if funding of at least two million two hundred fifty thousand dollars, is provided by June 30, 1995, in the 1995 omnibus appropriations act or as a result of the passage of Senate Bill No. 6058, to implement the changes in public health governance as outlined in this act. If such funding is not provided, sections 6 through 8, 10, and 11 of this act shall take effect January 1, 1998." [1995 c 43 § 17.]

**\*Reviser's note:** The 1995 omnibus appropriations act, chapter 18, Laws of 1995 2nd sp. sess. provided two million two hundred fifty thousand dollars.

**Severability -- 1995 c 43:** See note following RCW 43.70.570.

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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**70.05.035**

**Home rule charter — Local board of health.**

In counties with a home rule charter, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board. The county legislative authority may appoint to the board of health elected officials from cities and towns and persons other than elected officials as members so long as persons other than elected officials do not constitute a majority. The county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses. The jurisdiction of the local board of health shall be coextensive with the boundaries of the county. The local health officer, as described in RCW 70.05.050, shall be appointed by the official designated under the provisions of the county charter. The same official designated under the provisions of the county charter may appoint an administrative officer, as described in RCW 70.05.045.

[1995 c 43 § 7; 1993 c 492 § 237.]

**Notes:**

**Effective dates -- Contingent effective dates -- 1995 c 43:** See note following RCW 70.05.030.



**Severability -- 1995 c 43:** See note following RCW 43.70.570.

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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#### **70.05.040**

##### **Local board of health — Chair — Administrative officer — Vacancies.**

The local board of health shall elect a chair and may appoint an administrative officer. A local health officer shall be appointed pursuant to RCW 70.05.050. Vacancies on the local board of health shall be filled by appointment within thirty days and made in the same manner as was the original appointment. At the first meeting of the local board of health, the members shall elect a chair to serve for a period of one year.

[1993 c 492 § 236; 1984 c 25 § 1; 1983 1st ex.s. c 39 § 1; 1967 ex.s. c 51 § 4.]

#### **Notes:**

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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#### **70.05.045**

##### **Administrative officer — Responsibilities.**

The administrative officer shall act as executive secretary and administrative officer for the local board of health, and shall be responsible for administering the operations of the board including such other administrative duties required by the local health board, except for duties assigned to the health officer as enumerated in RCW 70.05.070 and other applicable state law.

[1984 c 25 § 2.]

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#### **70.05.050**

##### **Local health officer — Qualifications — Employment of personnel — Salary and expenses.**

The local health officer shall be an experienced physician licensed to practice medicine and surgery or osteopathic medicine and surgery in this state and who is qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055 to hold the office of

local health officer. No term of office shall be established for the local health officer but the local health officer shall not be removed until after notice is given, and an opportunity for a hearing before the board or official responsible for his or her appointment under this section as to the reason for his or her removal. The local health officer shall act as executive secretary to, and administrative officer for the local board of health and shall also be empowered to employ such technical and other personnel as approved by the local board of health except where the local board of health has appointed an administrative officer under RCW 70.05.040. The local health officer shall be paid such salary and allowed such expenses as shall be determined by the local board of health. In home rule counties that are part of a health district under this chapter and chapter 70.46 RCW the local health officer and administrative officer shall be appointed by the local board of health.

[1996 c 178 § 19; 1995 c 43 § 8; 1993 c 492 § 238; 1984 c 25 § 5; 1983 1st ex.s. c 39 § 2; 1969 ex.s. c 114 § 1; 1967 ex.s. c 51 § 9.]

**Notes:**

**Effective date -- 1996 c 178:** See note following RCW 18.35.110.

**Effective dates -- Contingent effective dates -- 1995 c 43:** See note following RCW 70.05.030.

**Severability -- 1995 c 43:** See note following RCW 43.70.570.

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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**70.05.051**

**Local health officer — Qualifications.**

The following persons holding licenses as required by RCW 70.05.050 shall be deemed qualified to hold the position of local health officer:

- (1) Persons holding the degree of master of public health or its equivalent;
- (2) Persons not meeting the requirements of subsection (1) of this section, who upon August 11, 1969 are currently employed in this state as a local health officer and whom the secretary of social and health services recommends in writing to the local board of health as qualified; and
- (3) Persons qualified by virtue of completing three years of service as a provisionally qualified officer pursuant to RCW 70.05.053 through 70.05.055.

[1979 c 141 § 75; 1969 ex.s. c 114 § 2.]

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**70.05.053**

**Provisionally qualified local health officers — Appointment — Term — Requirements.**

A person holding a license required by RCW 70.05.050 but not meeting any of the requirements for qualification prescribed by RCW 70.05.051 may be appointed by the board or official responsible for appointing the local health officer under RCW 70.05.050 as a provisionally qualified local health officer for a maximum period of three years upon the following conditions and in accordance with the following procedures:

(1) He or she shall participate in an in-service orientation to the field of public health as provided in RCW 70.05.054, and

(2) He or she shall satisfy the secretary of health pursuant to the periodic interviews prescribed by RCW 70.05.055 that he or she has successfully completed such in-service orientation and is conducting such program of good health practices as may be required by the jurisdictional area concerned.

[1991 c 3 § 305; 1983 1st ex.s. c 39 § 3; 1979 c 141 § 76; 1969 ex.s. c 114 § 3.]

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#### **70.05.054**

#### **Provisionally qualified local health officers — In-service public health orientation program.**

The secretary of health shall provide an in-service public health orientation program for the benefit of provisionally qualified local health officers.

Such program shall consist of --

(1) A three months course in public health training conducted by the secretary either in the state department of health, in a county and/or city health department, in a local health district, or in an institution of higher education; or

(2) An on-the-job, self-training program pursuant to a standardized syllabus setting forth the major duties of a local health officer including the techniques and practices of public health principles expected of qualified local health officers: PROVIDED, That each provisionally qualified local health officer may choose which type of training he or she shall pursue.

[1991 c 3 § 306; 1979 c 141 § 77; 1969 ex.s. c 114 § 4.]

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#### **70.05.055**

#### **Provisionally qualified local health officers — Interview — Evaluation as to qualification as local public health officer.**

Each year, on a date which shall be as near as possible to the anniversary date of appointment as provisional local health officer, the secretary of health or his or her designee shall personally visit such provisional officer's office for a personal review and discussion of the activity, plans, and study being carried on relative to the provisional officer's jurisdictional area: PROVIDED, That the third such interview shall occur three months prior to the end of the three year provisional term. A standardized checklist shall be used for all such interviews, but such checklist shall not constitute a grading sheet or evaluation form for use in the ultimate decision of qualification of the provisional appointee as a public health officer.

Copies of the results of each interview shall be supplied to the provisional officer within two weeks



following each such interview.

Following the third such interview, the secretary shall evaluate the provisional local health officer's in-service performance and shall notify such officer by certified mail of his or her decision whether or not to qualify such officer as a local public health officer. Such notice shall be mailed at least sixty days prior to the third anniversary date of provisional appointment. Failure to so mail such notice shall constitute a decision that such provisional officer is qualified.

[1991 c 3 § 307; 1979 c 141 § 78; 1969 ex.s. c 114 § 5.]

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#### **70.05.060**

##### **Powers and duties of local board of health.**

Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:

- (1) Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;
- (2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;
- (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;
- (4) Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;
- (5) Provide for the prevention, control and abatement of nuisances detrimental to the public health;
- (6) Make such reports to the state board of health through the local health officer or the administrative officer as the state board of health may require; and
- (7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for services shall not exceed the actual cost of providing any such services.

[1991 c 3 § 308; 1984 c 25 § 6; 1979 c 141 § 79; 1967 ex.s. c 51 § 10.]

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#### **70.05.070**

##### **Local health officer — Powers and duties.**

The local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:

- (1) Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030 and 70.118.130, the

confidentiality provisions in RCW 70.24.105 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;

(2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;

(3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;

(4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;

(5) Prevent, control or abate nuisances which are detrimental to the public health;

(6) Attend all conferences called by the secretary of health or his or her authorized representative;

(7) Collect such fees as are established by the state board of health or the local board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules of the state board of health;

(8) Inspect, as necessary, expansion or modification of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans;

(9) Take such measures as he or she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the local health department or individuals engaged in community health programs related to or part of the programs of the local health department.

[2007 c 343 § 10; 1999 c 391 § 5; 1993 c 492 § 239; 1991 c 3 § 309; 1990 c 133 § 10; 1984 c 25 § 7; 1979 c 141 § 80; 1967 ex.s. c 51 § 12.]

#### **Notes:**

**Captions and part headings not law -- 2007 c 343:** See RCW 70.118B.900.

**Findings -- Purpose -- 1999 c 391:** See note following RCW 70.05.180.

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

**Findings -- Severability -- 1990 c 133:** See notes following RCW 36.94.140.

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#### **70.05.072**

##### **Local health officer — Authority to grant waiver from on-site sewage system requirements.**

The local health officer may grant a waiver from specific requirements adopted by the state board of health for on-site sewage systems if:

(1) The on-site sewage system for which a waiver is requested is for sewage flows under three thousand five hundred gallons per day;



- (2) The waiver request is evaluated by the local health officer on an individual, site-by-site basis;
- (3) The local health officer determines that the waiver is consistent with the standards in, and the intent of, the state board of health rules; and
- (4) The local health officer submits quarterly reports to the department regarding any waivers approved or denied.

Based on review of the quarterly reports, if the department finds that the waivers previously granted have not been consistent with the standards in, and intent of, the state board of health rules, the department shall provide technical assistance to the local health officer to correct the inconsistency, and may notify the local and state boards of health of the department's concerns.

If upon further review of the quarterly reports, the department finds that the inconsistency between the waivers granted and the state board of health standards has not been corrected, the department may suspend the authority of the local health officer to grant waivers under this section until such inconsistencies have been corrected.

[1995 c 263 § 1.]

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#### **70.05.074**

##### **On-site sewage system permits — Application — Limitation of alternative sewage systems.**

(1) The local health officer must respond to the applicant for an on-site sewage system permit within thirty days after receiving a fully completed application. The local health officer must respond that the application is either approved, denied, or pending.

(2) If the local health officer denies an application to install an on-site sewage system, the denial must be for cause and based upon public health and environmental protection concerns, including concerns regarding the ability to operate and maintain the system, or conflicts with other existing laws, regulations, or ordinances. The local health officer must provide the applicant with a written justification for the denial, along with an explanation of the procedure for appeal.

(3) If the local health officer identifies the application as pending and subject to review beyond thirty days, the local health officer must provide the applicant with a written justification that the site-specific conditions or circumstances necessitate a longer time period for a decision on the application. The local health officer must include any specific information necessary to make a decision and the estimated time required for a decision to be made.

(4) A local health officer may not limit the number of alternative sewage systems within his or her jurisdiction without cause. Any such limitation must be based upon public health and environmental protection concerns, including concerns regarding the ability to operate and maintain the system, or conflicts with other existing laws, regulations, or ordinances. If such a limitation is established, the local health officer must justify the limitation in writing, with specific reasons, and must provide an explanation of the procedure for appealing the limitation.

[1997 c 447 § 2.]

#### **Notes:**

**Finding -- Purpose -- 1997 c 447:** "The legislature finds that improperly designed, installed, or maintained on-site sewage disposal systems are a major contributor to water pollution in this state. The legislature also recognizes that evolving technology has produced many viable alternatives to

traditional on-site septic systems. It is the purpose of this act to help facilitate the siting of new alternative on-site septic systems and to assist local governments in promoting efficient operation of on-site septic \*these systems." [1997 c 447 § 1.]

**\*Reviser's note:** Due to a drafting error, the word "these" was not removed when this sentence was rewritten.

**Construction -- 1997 c 447 §§ 2-4:** "Nothing in sections 2 through 4 of this act may be deemed to eliminate any requirements for approval from public health agencies under applicable law in connection with the siting, design, construction, and repair of on-site septic systems." [1997 c 447 § 6.]

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**70.05.077**

**Department of health — Training — On-site sewage systems — Application of the waiver authority — Topics — Availability.**

(1) The department of health, in consultation and cooperation with local environmental health officers, shall develop a one-day course to train local environmental health officers, health officers, and environmental health specialists and technicians to address the application of the waiver authority granted under RCW 70.05.072 as well as other existing statutory or regulatory flexibility for siting on-site sewage systems.

(2) The training course shall include the following topics:

(a) The statutory authority to grant waivers from the state on-site sewage system rules;

(b) The regulatory framework for the application of on-site sewage treatment and disposal technologies, with an emphasis on the differences between rules, standards, and guidance. The course shall include instruction on interpreting the intent of a rule rather than the strict reading of the language of a rule, and also discuss the liability assumed by a unit of local government when local rules, policies, or practices deviate from the state administrative code;

(c) The application of site evaluation and assessment methods to match the particular site and development plans with the on-site sewage treatment and disposal technology suitable to protect public health to at least the level provided by state rule; and

(d) Instruction in the concept and application of mitigation waivers.

(3) The training course shall be made available to all local health departments and districts in various locations in the state without fee. Updated guidance documents and materials shall be provided to all participants, including examples of the types of waivers and processes that other jurisdictions in the region have granted and used. The first training conducted under this section shall take place by June 30, 1999.

[1998 c 34 § 3.]

**Notes:**

**Intent -- 1998 c 34:** "(1) The 1997 legislature directed the department of health to convene a work group for the purpose of making recommendations to the legislature for the development of a certification program for occupations related to on-site septic systems, including those who pump, install, design, perform maintenance, inspect, or regulate on-site septic systems. The work group was convened and studied issues relating to certification of people employed in these occupations,



bonding levels, and other standards related to these occupations. In addition, the work group examined the application of a risk analysis pertaining to the installation and maintenance of different types of septic systems in different parts of the state. A written report containing the work group's findings and recommendations was submitted to the legislature as directed.

(2) The legislature recognizes that the recommendations of the work group must be phased-in over a time period in order to develop the necessary scope of work requirements, knowledge requirements, public protection requirements, and other criteria for the upgrading of these occupations. It is the intent of the legislature to start implementing the work group's recommendations by focusing first on the occupations that are considered to be the highest priority, and to address the other occupational recommendations in subsequent sessions." [1998 c 34 § 1.]

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#### **70.05.080**

##### **Local health officer — Failure to appoint — Procedure.**

If the local board of health or other official responsible for appointing a local health officer under RCW 70.05.050 refuses or neglects to appoint a local health officer after a vacancy exists, the secretary of health may appoint a local health officer and fix the compensation. The local health officer so appointed shall have the same duties, powers and authority as though appointed under RCW 70.05.050. Such local health officer shall serve until a qualified individual is appointed according to the procedures set forth in RCW 70.05.050. The board or official responsible for appointing the local health officer under RCW 70.05.050 shall also be authorized to appoint an acting health officer to serve whenever the health officer is absent or incapacitated and unable to fulfill his or her responsibilities under the provisions of chapters 70.05 and 70.46 RCW.

[1993 c 492 § 240; 1991 c 3 § 310; 1983 1st ex.s. c 39 § 4; 1979 c 141 § 81; 1967 ex.s. c 51 § 13.]

##### **Notes:**

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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#### **70.05.090**

##### **Physicians to report diseases.**

Whenever any physician shall attend any person sick with any dangerous contagious or infectious disease, or with any diseases required by the state board of health to be reported, he or she shall, within twenty-four hours, give notice thereof to the local health officer within whose jurisdiction such sick person may then be or to the state department of health in Olympia.

[1991 c 3 § 311; 1979 c 141 § 82; 1967 ex.s. c 51 § 14.]

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#### **70.05.100**

##### **Determination of character of disease.**

In case of the question arising as to whether or not any person is affected or is sick with a dangerous, contagious or infectious disease, the opinion of the local health officer shall prevail until the state department of health can be notified, and then the opinion of the executive officer of the state department of health, or any physician he or she may appoint to examine such case, shall be final.

[1991 c 3 § 312; 1979 c 141 § 83; 1967 ex.s. c 51 § 15.]

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#### **70.05.110**

##### **Local health officials and physicians to report contagious diseases.**

It shall be the duty of the local board of health, health authorities or officials, and of physicians in localities where there are no local health authorities or officials, to report to the state board of health, promptly upon discovery thereof, the existence of any one of the following diseases which may come under their observation, to wit: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus, typhoid fever, bubonic plague or leprosy, and of such other contagious or infectious diseases as the state board may from time to time specify.

[1967 ex.s. c 51 § 16.]

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#### **70.05.120**

##### **Violations — Remedies — Penalties.**

(1) Any local health officer or administrative officer appointed under RCW 70.05.040, if any, who shall refuse or neglect to obey or enforce the provisions of chapters 70.05, 70.24, and 70.46 RCW or the rules, regulations or orders of the state board of health or who shall refuse or neglect to make prompt and accurate reports to the state board of health, may be removed as local health officer or administrative officer by the state board of health and shall not again be reappointed except with the consent of the state board of health. Any person may complain to the state board of health concerning the failure of the local health officer or administrative officer to carry out the laws or the rules and regulations concerning public health, and the state board of health shall, if a preliminary investigation so warrants, call a hearing to determine whether the local health officer or administrative officer is guilty of the alleged acts. Such hearings shall be held pursuant to the provisions of chapter 34.05 RCW, and the rules and regulations of the state board of health adopted thereunder.

(2) Any member of a local board of health who shall violate any of the provisions of chapters 70.05, 70.24, and 70.46 RCW or refuse or neglect to obey or enforce any of the rules, regulations or orders of the state board of health made for the prevention, suppression or control of any dangerous contagious or infectious disease or for the protection of the health of the people of this state, is guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars.

(3) Any physician who shall refuse or neglect to report to the proper health officer or administrative officer within twelve hours after first attending any case of contagious or infectious disease or any diseases required by the state board of health to be reported or any case suspicious of being one of



such diseases, is guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars for each case that is not reported.

(4) Any person violating any of the provisions of chapters 70.05, 70.24, and 70.46 RCW or violating or refusing or neglecting to obey any of the rules, regulations or orders made for the prevention, suppression and control of dangerous contagious and infectious diseases by the local board of health or local health officer or administrative officer or state board of health, or who shall leave any isolation hospital or quarantined house or place without the consent of the proper health officer or who evades or breaks quarantine or conceals a case of contagious or infectious disease or assists in evading or breaking any quarantine or concealing any case of contagious or infectious disease, is guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one hundred dollars or to imprisonment in the county jail not to exceed ninety days or to both fine and imprisonment.

[2003 c 53 § 350; 1999 c 391 § 6; 1993 c 492 § 241; 1984 c 25 § 8; 1967 ex.s. c 51 § 17.]

**Notes:**

Intent -- Effective date -- 2003 c 53: See notes following RCW 2.48.180.

Findings -- Purpose -- 1999 c 391: See note following RCW 70.05.180.

Findings -- Intent -- 1993 c 492: See notes following RCW 43.20.050.

Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power  
-- Effective dates -- 1993 c 492: See RCW 43.72.910 through 43.72.915.

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**70.05.125**

**County public health account — Distribution to local public health jurisdictions.**

(1) The county public health account is created in the state treasury. Funds deposited in the county public health account shall be distributed by the state treasurer to each local public health jurisdiction based upon amounts certified to it by the department of community, trade, and economic development in consultation with the Washington state association of counties. The account shall include funds distributed under RCW \*82.44.110 and 82.14.200(8) and such funds as are appropriated to the account from the health services account under RCW 43.72.900, the public health services account under RCW 43.72.902, and such other funds as the legislature may appropriate to it.

(2)(a) The director of the department of community, trade, and economic development shall certify the amounts to be distributed to each local public health jurisdiction using 1995 as the base year of actual city contributions to local public health.

(b) Only if funds are available and in an amount no greater than available funds under RCW 82.14.200(8), the department of community, trade, and economic development shall adjust the amount certified under (a) of this subsection to compensate for any annexation of an area with fifty thousand residents or more to any city as a result of a petition during calendar year 1996 or 1997, or for any city that became newly incorporated as a result of an election during calendar year 1994 or 1995. The amount to be adjusted shall be equal to the amount which otherwise would have been lost to the health jurisdiction due to the annexation or incorporation as calculated using the jurisdiction's 1995 funding formula.

(c) The county treasurer shall certify the actual 1995 city contribution to the department. Funds in excess of the base shall be distributed proportionately among the health jurisdictions based on

incorporated population figures as last determined by the office of financial management.

(3) Moneys distributed under this section shall be expended exclusively for local public health purposes.

[1998 c 266 § 1; 1997 c 333 § 1; 1995 1st sp.s. c 15 § 1.]

**Notes:**

**\*Reviser's note:** RCW 82.44.110 was repealed by 2003 c 1 § 5 (Initiative Measure No. 776, approved November 5, 2002).

**Effective date -- 1998 c 266:** "This act takes effect July 1, 1998." [1998 c 266 § 2.]

**Effective date -- 1997 c 333:** "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 1997." [1997 c 333 § 3.]

**Effective date -- 1995 1st sp.s. c 15:** "This act shall take effect January 1, 1996." [1995 1st sp.s. c 15 § 3.]

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**70.05.130**

**Expenses of state, health district, or county in enforcing health laws and rules — Payment by county.**

All expenses incurred by the state, health district, or county in carrying out the provisions of chapters 70.05 and 70.46 RCW or any other public health law, or the rules of the department of health enacted under such laws, shall be paid by the county and such expenses shall constitute a claim against the general fund as provided in this section.

[1993 c 492 § 242; 1991 c 3 § 313; 1979 c 141 § 84; 1967 ex.s. c 51 § 18.]

**Notes:**

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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**70.05.135**

**Treasurer — District funds — Contributions by counties and cities.**

See RCW 70.46.080.



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**70.05.140**

**County to bear expense of providing public health services.**

See RCW 70.46.085.

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**70.05.150**

**Contracts for sale or purchase of health services authorized.**

In addition to powers already granted them, any county, district, or local health department may contract for either the sale or purchase of any or all health services from any local health department. Such contract shall require the approval of the state board of health.

[1993 c 492 § 243; 1967 ex.s. c 51 § 22.]

**Notes:**

**Findings -- Intent -- 1993 c 492:** See notes following RCW 43.20.050.

**Short title -- Severability -- Savings -- Captions not law -- Reservation of legislative power -- Effective dates -- 1993 c 492:** See RCW 43.72.910 through 43.72.915.

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**70.05.160**

**Moratorium on water, sewer hookups, or septic systems — Public hearing — Limitation on length.**

A local board of health that adopts a moratorium affecting water hookups, sewer hookups, or septic systems without holding a public hearing on the proposed moratorium, shall hold a public hearing on the adopted moratorium within at least sixty days of its adoption. If the board does not adopt findings of fact justifying its action before this hearing, then the board shall do so immediately after this public hearing. A moratorium adopted under this section may be effective for not longer than six months, but may be effective for up to one year if a work plan is developed for related studies providing for such a longer period. A moratorium may be renewed for one or more six-month periods if a subsequent public hearing is held and findings of fact are made prior to each renewal.

[1992 c 207 § 7.]

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**70.05.170**

**Child mortality review.**

(1)(a) The legislature finds that the mortality rate in Washington state among infants and children less

than eighteen years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child mortality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington state.

(b) It is the intent of the legislature to encourage the performance of child death reviews by local health departments by providing necessary legal protections to the families of children whose deaths are studied, local health department officials and employees, and health care professionals participating in child mortality review committee activities.

(2) As used in this section, "child mortality review" means a process authorized by a local health department as such department is defined in RCW 70.05.010 for examining factors that contribute to deaths of children less than eighteen years of age. The process may include a systematic review of medical, clinical, and hospital records; home interviews of parents and caretakers of children who have died; analysis of individual case information; and review of this information by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death.

(3) Local health departments are authorized to conduct child mortality reviews. In conducting such reviews, the following provisions shall apply:

(a) All medical records, reports, and statements procured by, furnished to, or maintained by a local health department pursuant to chapter 70.02 RCW for purposes of a child mortality review are confidential insofar as the identity of an individual child and his or her adoptive or natural parents is concerned. Such records may be used solely by local health departments for the purposes of the review. This section does not prevent a local health department from publishing statistical compilations and reports related to the child mortality review, if such compilations and reports do not identify individual cases and sources of information.

(b) Any records or documents supplied or maintained for the purposes of a child mortality review are not subject to discovery or subpoena in any administrative, civil, or criminal proceeding related to the death of a child reviewed. This provision shall not restrict or limit the discovery or subpoena from a health care provider of records or documents maintained by such health care provider in the ordinary course of business, whether or not such records or documents may have been supplied to a local health department pursuant to this section.

(c) Any summaries or analyses of records, documents, or records of interviews prepared exclusively for purposes of a child mortality review are not subject to discovery, subpoena, or introduction into evidence in any administrative, civil, or criminal proceeding related to the death of a child reviewed.

(d) No local health department official or employee, and no members of technical committees established to perform case reviews of selected child deaths may be examined in any administrative, civil, or criminal proceeding as to the existence or contents of documents assembled, prepared, or maintained for purposes of a child mortality review.

(e) This section shall not be construed to prohibit or restrict any person from reporting suspected child abuse or neglect under chapter 26.44 RCW nor to limit access to or use of any records, documents, information, or testimony in any civil or criminal action arising out of any report made pursuant to chapter 26.44 RCW.

[1993 c 41 § 1; 1992 c 179 § 1.]

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#### **70.05.180**

#### **Infectious disease testing — Good samaritans — Rules.**



A person rendering emergency care or transportation, commonly known as a "Good Samaritan," as described in RCW 4.24.300 and 4.24.310, may request and receive appropriate infectious disease testing free of charge from the local health department of the county of her or his residence, if: (1) While rendering emergency care she or he came into contact with bodily fluids; and (2) she or he does not have health insurance that covers the testing. Nothing in this section requires a local health department to provide health care services beyond testing. The department shall adopt rules implementing this section.

The information obtained from infectious disease testing is subject to statutory confidentiality provisions, including those of chapters 70.24 and 70.05 RCW.

[1999 c 391 § 2.]

**Notes:**

**Findings -- Purpose -- 1999 c 391:** "The legislature finds that citizens who assist individuals in emergency situations perform a needed and valuable role that deserves recognition and support. The legislature further finds that emergency assistance in the form of mouth to mouth resuscitation or other emergency medical procedures resulting in the exchange of bodily fluids significantly increases the odds of being exposed to a deadly infectious disease. Some of the more life-threatening diseases that can be transferred during an emergency procedure where bodily fluids are exchanged include hepatitis A, B, and C, and human immunodeficiency virus (HIV). Individuals infected by these diseases value confidentiality regarding this information. A number of good samaritans who perform life-saving emergency procedures such as cardiopulmonary resuscitation are unable to pay for the tests necessary for detecting infectious diseases that could have been transmitted during the emergency procedure. It is the purpose of this act to provide infectious disease testing at no cost to good samaritans who request testing for infectious diseases after rendering emergency assistance that has brought them into contact with a bodily fluid and to further protect the testing information once obtained through confidentiality provisions." [1999 c 391 § 1.]

**Effective date -- 1999 c 391 §§ 1 and 2:** "Sections 1 and 2 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [May 18, 1999]." [1999 c 391 § 7.]

## Chapter 8.01

Definitions and General Provisions<sup>1</sup>

## Sections:

8.01.010	Title
8.01.020	Definitions
8.01.030	Where in Force
8.01.040	Board of Health Composition - Meetings and Other Matters
8.01.050	Enforcement
8.01.060	Criminal Penalties, Civil Infractions, and Other Remedies
8.01.070	Interference with Notices
8.01.080	Special Provisions
8.01.090	Inspection Generally
8.01.100	Permits Generally
8.01.110	Permit Fees
8.01.120	Right of Appeal
8.01.130	Validity
8.01.140	Effective Date
8.01.150	Limitation of Liability

## 8.01.010 Title

The rules and regulations of 8.01 through 8.10B shall be known as the Sanitary Code of Island County Board of Health.

(Res. 536[a], April 15, 1968, vol. 13, p. 41)

## 8.01.020 Definitions

- A. **Board of Health** shall mean the five (5) member Board of Health of Island County authorized by section 70.05.030,<sup>2</sup> Revised Code of Washington.
- B. **Department of Health** or **Department** shall mean the Island County Health Department.

<sup>1</sup> Former chapter 8.01, Food Establishments, Res. 536(a), April 15, 1968, vol. 13, p. 41, was repealed by Ord. H-1-77, January 5, 1978, vol. 17, p. 214; former chapter 8.10, Definitions and General Provisions, has been recodified as chapter 8.01.

<sup>2</sup> The statutory reference was modified in accordance with state statutory recodification.



## DEFINITIONS AND GENERAL PROVISIONS

8.01.020

- C. **Health Officer** shall mean the Island County Health Officer.
- D. **Sanitary Code** or **Code** shall mean and comprise the rules and regulations now formulated, promulgated, adopted, and subsequently amended by the Island County Board of Health.
- E. **Person** shall mean an individual, firm, corporation, or association.  
(Res. 536[a], April 15, 1968, vol. 13, p. 41; amended by Res. H-1-86, July 14, 1986; amended by Ord. C-132-99, November 8, 1999, effective January 1, 2000, vol. 44, p. 112)

### 8.01.030 Where in Force

The provisions of this code shall be in force within the jurisdiction of the Island County Board of Health as provided in section 70.05.030,<sup>3</sup> RCW.

(Res. 536[a], April 15, 1968, vol. 13, p. 41; amended by Ord. C-132-99, November 8, 1999, effective January 1, 2000, vol. 44, p. 112)

### 8.01.040 Board of Health Composition - Meetings and Other Matters

- A. **Board Membership/Compensation.** The Island County Board of Health shall have five (5) members consisting of each of the three (3) members of the Island County Board of Commissioners, the mayor of the City of Oak Harbor, and one (1) Whidbey General Hospital District Commissioner nominated by the Whidbey General Hospital District Board and approved by the Board of County Commissioners. The Commanding Officer of the Naval Hospital Oak Harbor is invited to serve on the Board of Health in an advisory capacity as an ex-officio member. There shall be no compensation or reimbursement of expenses for Board members other than that specifically adopted for the Board of Health by the Island County Board of Commissioners.
- B. **Terms of Office.** The term of office for each County Commissioner member shall be simultaneous to that member's term of office as a County Commissioner, the term of office for the Oak Harbor Mayor and the member of the Whidbey General Hospital District Board shall be simultaneous to their terms of office, and the term of office of the Naval Hospital Oak Harbor Commanding Officer shall be simultaneous to that command.
- C. **Regular Meetings.** The Board of Health shall meet every third (3<sup>rd</sup>) Monday of the month at 1:15 p.m. in the Island County Commissioner's Hearing Room or at other times and places as shall be determined by the Board of Health.
- D. **Chair/Quorum.** At the first meeting each year, the Board shall select one of its members to be the chair to serve for one (1) year. A quorum necessary to conduct business shall be three (3) members, at least two (2) of whom must also be members of the Board of County Commissioners.

(Ord. C-132-99, November 8, 1999, effective January 1, 2000, vol. 44, p. 112; amended by Ord. C-11-00, February 28, 2000, vol. 44, p. 304; amended by Res. HD-16-02, October 21, 2002)

<sup>3</sup> The statutory reference was modified in accordance with state statutory recodification.

**8.01.050 Enforcement**

It shall be the duty of the Island County Health Officer or his authorized representative to enforce the provisions of this code. The Island County Health Officer, the Health Services Director, the Environmental Health Director, or the Island County Sheriff or his deputies are enforcement officers within the meaning of RCW chapter 7.80 and are authorized to enforce the provisions of RCW chapter 7.80.

(Res. 536[a], April 15, 1968, vol. 13, p. 41; amended by Res. HD-20-91, December 9, 1991)

**8.01.060 Criminal Penalties, Civil Infractions, and Other Remedies**

- A. Any person who violates or refuses to or fails to comply with any of the provisions of this code shall be deemed guilty of a misdemeanor and liable to punishment by a fine of not less than twenty-five dollars (\$25.00) nor more than one-hundred dollars (\$100.00), or to imprisonment in the county jail, not to exceed ninety (90) days, or to both fine and imprisonment. Each day on which such violation or failure continues shall constitute a separate offense. Nothing herein contained shall be construed to exempt an offender from any other suit, prosecution, or penalty provided by law.
- B. As an alternative to prosecution for a misdemeanor, a violation of the Sanitary Code may be prosecuted as a civil infraction pursuant to the provisions of RCW chapter 7.80, or pursuant to any other system of infractions and monetary penalties adopted by ordinance. Each day on which such a violation or failure continues shall constitute a separate violation. The Island County Health Officer, the Health Services Director, the Environmental Health Director and the Island County Sheriff or his deputies are enforcement officers as defined in RCW section 7.80.040.
- C. Notwithstanding the existence or use of any other remedy, the Health Officer may seek legal or equitable relief to enjoin any acts or practices which constitute or will constitute a violation of any of the provisions of this Sanitary Code, public health statutes of the state, rules and regulations of the State Board of Health, or the State Department of Social and Health Services which concern public health.

(Res. 536[a], April 15, 1968, vol. 13, p. 41; amended by Res. H-1-86, July 14, 1986; amended by Res. HD-20-91, December 9, 1991; amended by Ord. HD-14-10 [C-80-10], October 18, 2010)

**8.01.070 Interference with Notices**

No person shall remove, mutilate, or conceal any notice or placard of the Department of Health posted in or on any premises or public place except by permission of the Health Officer or his authorized representative.

(Res. 536[a], April 15, 1968, vol. 13, p. 41)



## **DEFINITIONS AND GENERAL PROVISIONS**

**8.01.080**

### **8.01.080 Special Provisions**

The regulations of this code shall be supplemental to the regulations, rules, and orders of the State Board of Health, public health law, penal law, and other Washington State laws relating to public health.

(Res. 536[a], April 15, 1968, vol. 13, p. 41)

### **8.01.090 Inspection Generally**

- A. All premises covered by this code shall be subject to the inspection of the Health Officer or his authorized representative, and if any violation of the Sanitary Code exists on the premises, any permit granted by the Health Officer may be suspended forthwith.
- B. No person, firm, or corporation shall refuse to allow the Health Officer or his authorized representative to fully inspect any and all premises entered in the performance of his duty, and no person, firm, or corporation shall molest or resist the Health Officer or his authorized representative in the discharge of their duties.

(Res. 536[a], April 15, 1968, vol. 13, p. 41)

### **8.01.100 Permits Generally**

All applications for permits or written approval herein required shall be made upon forms prescribed and furnished by the Department of Health and shall be signed by the applicant who shall be the person or authorized agent of a firm or corporation responsible for conformance to the conditions of the permit or approval applied for. Such application shall contain such data and information and be accompanied by such plans as may be required. A permit issued to a particular person, firm, or corporation or for a designated place, purpose, or vehicle shall not be valid for use by any other person, firm, or corporation or for any other place, purpose, or vehicle, or for operation other than in compliance with the specific conditions prescribed in said code. Every such permit shall expire as stated on the permit and may be renewed by the Health Officer, suspended for cause by the Health Officer, or revoked by the Health Officer after due notice and hearing.

(Res. 536[a], April 15, 1968, vol. 13, p. 41)

### **8.01.110 Permit Fees**

- A. All fees collected under the provisions of this Sanitary Code shall be paid to the Island County Health Department and credited to the Public Health Pooling Fund to aid in the carrying out of the provisions of the Sanitary Code.
- B. All fees shall be promptly paid within one (1) month from renewal date. Otherwise a surcharge of four dollars (\$4.00) for every month overdue shall be added to the initial fee.
- C. Fee Schedule. Fees shall be set by the Island County Board of Health by resolution.

(Res. 536[a], April 15, 1968, vol. 13, p. 41; amended by Res. HD-20-91, December 9, 1991)

**8.01.120 Right of Appeal**

- A. Any person aggrieved by a decision of the Health Officer may make appeal to the Board of Health for a hearing and a review of the findings. Such appeal shall be in writing and shall be filed with the Board of Health within ten (10) days of the decision of the Health Officer.

A person is aggrieved by a decision of the Health Officer if:

1. The person's permit or application for written approval has been denied, suspended, or revoked by the Health Officer; or
2. The Health Officer upheld any portion of a disputed notice of violation, unfit for use order or other order, or the imposition of an administrative penalty or costs assessed pursuant to the Sanitary Code; or
3. The Health Officer refused to modify or stay enforcement of a notice of violation, unfit for use order or other order, or the imposition of an Administrative Penalty or costs assessed pursuant to the Sanitary Code.

- B. In such cases where the Board of Health has accepted an appeal for hearing, the following procedures will be followed:

1. Prior to setting the appeal hearing, all applicable permit and appeal fees must be paid in full.
2. The written appeal must clearly describe the decision or denial being appealed.
3. Appeals will be heard at a regular meeting of the Island County Board of Health or at such other Board of Health meeting, as the Board deems necessary.
4. A staff report and staff recommendation will be prepared by Island County Health Department staff or others designated by the Health Officer. The report will be prepared in advance of the appeal hearing and provided to Board of Health members and the appellant. Appeal hearings will be scheduled so that the staff report is available at least five (5) days before the hearing.
5. The staff report and staff recommendation will be presented as the first order of business at the appeal hearing.
6. The appellant or his representative will follow the presentation of the staff report with the appeal presentation.
7. Board members may ask questions of clarification to staff or appellant. Generally, cross-examination by appellant or by staff is not appropriate.
8. The Board may decide to approve or deny the appeal or continue the appeal hearing. If the appeal hearing is not continued, the Board decision will be rendered at or before the next regularly scheduled Board of Health meeting. The Board may develop findings and facts to support its decision.

(Res. 536[a], April 15, 1968, vol. 13, p. 41; amended by Board of Health, Regular Meeting Minutes dated April 17, 2000; amended by Ord. HD-14-10 [C-80-10], October 18, 2010)



## **FOOD AND BEVERAGE SERVICE WORKERS**

**8.01.120**

### **8.01.130      Validity**

In the event any section, subsection, paragraph, sentence, clause, or phrase of this Sanitary Code shall be declared unconstitutional or invalid for any reason, the remainder of said code shall not be affected thereby.

(Res. 536[a], April 15, 1968, vol. 13, p. 14)

### **8.01.140      Effective Date**

The Sanitary Code shall take effect and be enforceable when adopted by the Island County Board of Health or the Island County Board of Commissioners.

(Res. 536[a], April 15, 1968, vol. 13, p. 14)

### **8.01.150      Limitation of Liability**

This Sanitary Code of the Island County Board of Health is not intended to create any class of persons to be benefited or protected nor to create any reliance relationship between Island County and any person. This chapter is not intended to create any duty running in favor of particular persons. The obligation to comply with the provisions of this chapter are upon the property owner, property user and their agents and employees. Acts or omissions to act by Island County, its officials or employees under this chapter shall not create any liability on the part of Island County or its officials or employees.

(Res. HD 01-89, February 13, 1989)

## **Chapter 8.01A**

**(Reserved)**

(Former chapter 8.01A, Food Establishments and Food Service Workers, Rules and Regs. of Board of Health, November 10, 1977; superseded by Rules and Regs. of Board of Health, Dec. 14, 1981, effective Jan. 1, 1982; Rules and Regs. governing food establishments and food service workers have been recodified as chapter 8.10B.)

## **Chapter 8.01B**

**(Reserved)**

(Former chapter 8.01B, Food Service Sanitation, has been recodified as chapter 8.10B.)

## **Chapter 8.02**

### **Food and Beverage Service Workers**

(Chapter 8.02, Food and Beverage Service Workers, Res. 536[a] April 15, 1968, vol. 13, p. 41; repealed by Ord. H-1-77, January 5, 1978, vol. 17, p. 214)